

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/34104

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			4			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			4			
22			4			
23			3			
24			3			
25			3			
26			3			
27			3			
28			1			
29			1			
30			1			
31			1			
32			3			
33			2			
34						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.	←	47	←	←	←	←
TOTAL CLAIMS		56				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS		56				